



Town of Riverhead
Zoning Board of Appeals
200 Howell Avenue
Riverhead, New York 11901
Phone: (631) 727-3200 x 240 Fax: (631) 208-8039
email: fuentes@riverheadli.com

ZONING BOARD OF APPEALS MEMBERS:

Fred J. Mc Laughlin - Chairman
Otto Wittmeier Charles Sclafani Rose Sanders Frank Seabrook

Requirements for Filing a Zoning Board of Appeals Application

1. **Zoning Board Application** – Signed by owner and notarized (If owner is not available a notarized affidavit may be submitted authorizing you to sign the form.) **APPLICATION MUST BE FULLY COMPLETED**
2. **Building Permit Application** – Signed and notarized. (If application is a result of a Planning Board subdivision there is no Building Permit Application required, however, a copy of The Planning Board Resolution must be submitted.)
3. **Disclosure Affidavit** – Affidavit needs to be signed and notarized.
4. **Environmental Assessment Form** – (Attached)
5. **Proof of Single and Separate Ownership** (When required by the Zoning Board of Appeals) – This applies only to new construction on vacant land. (Title Search is an example of proof of single and separate ownership.)
6. **Fee** - \$150.00 for Residential, \$500.00 for commercial, \$150.00 Sign permit
7. If applicable, a copy of the approval from the New York State Department of Environmental Conservation if it is within **300 feet of tidal or fresh water wetland designation** or a copy of the letter of review by the Riverhead Conservation Advisory Council if it is within 150 feet of tidal or fresh water wetland designation.
8. **Eleven (11) surveys bearing the original surveyor's seal and signature. All surveys must be originals, no photocopies! The surveyor must plot all structural dimensions and all yard distances on the survey.** Eleven (11) surveys bearing the original surveyor's seal and signature if it is within 500 feet of State or County owned land, or adjacent townships. Twelve (12) surveys bearing the original surveyor's seal and signature if it is within the designated Pine Barrens. **All dimensions from structure's on the property to lot lines & lot coverage, must be plotted by the surveyor onto the survey.**

THE ZONING BOARD OF APPEALS MEETS TWICE A MONTH (THE SECOND AND FOURTH THURSDAY OF EVERY MONTH). SCHEDULING OF APPEALS WILL BE ON THE FIRST AVAILABLE HEARING DATE.

*******Pick up poster in Planning Department office*******

The code of the Town of Riverhead requires that all parcels, plats, lots, or premises for which a variance, special exception or use variance is sought must bear an official notice of that fact. The notice, which will be supplied by the Town of Riverhead, must show the date, place and time of the public hearing or any adjournment thereof, and must be displayed for at least seven (7) days immediately prior to said hearing or adjournment. It shall be located not more than ten (10) feet from the front property line and not more than four (4) feet above ground level with an unobstructed view. You will be notified when the hearing date and time are set and should then obtain the official notice from the Planning Department office in the Town Hall. Further, the applicant shall send notice to the owners of record of every property which abuts, and to the owners of record of every property on any public or private street which is across from the property that is the subject of the application. Such notice shall be made by certified mail, return receipt requested, posted at least seven days prior to the date of the initial public hearing on the application and addressed to the owners at the physical mailing addresses listed for them on the local assessment roll in the Assessor's office. The applicant or agent shall file an affidavit that he or she has complied with all the provisions of this section and shall also provide a listing of the names, addresses and tax map numbers for the notice by mail and proof of mailing. No public hearing shall be held unless such affidavit and proof of mailing has been received.

TOWN OF RIVERHEAD
COUNTY OF SUFFOLK, STATE OF NEW YORK

200 Howell Avenue
Riverhead, NY 11901
631-727-3200, x240

APPLICATION TO THE ZONING BOARD OF APPEALS

Please see separate sheet for instructions. Original copies only. Faxed, photo or email copies are not acceptable.

(for official use only)

ZBA Case #: _____ **Fee Paid:** _____ **Date Filed:** _____

SCTM: 0600 - _____ - _____ - _____

THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY APPLICANT. ALL QUESTIONS MUST BE ANSWERED. NO APPLICATION SHALL BE DEEMED FILED UNTIL DETERMINED TO BE COMPLETE AND A RECEIPT OF APPLICATION IS RETURNED TO APPLICANT.

PROPERTY ADDRESS: _____

APPLICANT/OWNER INFORMATION

(PLEASE PROVIDE A MAILING ADDRESS OF PERSON TO BE CONTACTED)

Applicant: _____

Address: _____

Telephone No.: _____

Email address: _____

Applicant's standing:

____ Owner ____ Contract Vendee ____ Lessee ____ Contract Lessee ____ Adjoining property owner or other
aggrieved person

____ of the subject parcel ____ of an affected parcel

Representative: _____

Address: _____

Telephone No.: _____

Email address: _____

Property Owner: _____

Address: _____

Telephone No.: _____

If Owner or Applicant is not an individual, please list the names and addresses of the principals of the owner or applicant business entities:

SUBJECT PROPERTY INFORMATION

Tax Map No.: _____ Size of subject property (sq. ft.): _____

Physical address of subject property: _____

Nearest intersection to subject property: _____

Current use of property: _____

Zoning district in which the subject property is located: _____

Is the property in single and separate ownership from all adjoining properties?

(a) If yes, since what date _____

(b) If no, what adjoining property is held by the same owner? _____

(c) A single and separate search is enclosed herewith: ____ Yes ____ No

Is there a certificate of occupancy for all of the structures on the subject property ____ Yes ____ No

If Yes, Please attach. If no, please explain:

Is the subject property located within 500' of any of the following?

_____ The boundary of any city, village or town (if yes, indicate which Town or Village:(_____))

_____ The boundary of any existing or proposed county or state park or any other recreation area

_____ The right-of-way of any existing or proposed county or state parkway, thruway, expressway, road or highway

_____ The existing or proposed right-of-way of any stream or drainage channel owned by the county or for which the county has established channel lines

_____ The existing or proposed boundary of any county or state owned land on which a public building or institution is situated

_____ The boundary of a farm operation located in an agricultural district, as defined by article twenty-five-AA of the agriculture and markets law, except this subparagraph shall not apply to the granting of area variances.

Has a variance or special exception use ever been applied for on this property? _____ Yes _____ No

If yes, indicate the Zoning Board of Appeals number, date of decision and attach copies of all decisions

Has any land use application for the subject property ever been made to any of the following boards?

Town Board _____ Yes _____ No

Planning Board _____ Yes _____ No

Accessory Apartment Review Board _____ Yes _____ No

If yes, explain the nature of the application and the disposition thereof and attach copies of all decisions if available

Please provide driving directions to the subject property from Riverhead Town Hall (You may attach mapquest directions or other similar computer generated directions):

NATURE OF RELIEF BEING SOUGHT:

What are you proposing to build, alter or maintain? _____

Type of Application (check all that apply):

- ☐ Area Variance (e.g. setback, height, frontage, etc.)
- ☐ Special Exception
- ☐ Use Variance (e.g. retail in residence district)
- ☐ Variance of §280A requirements
- ☐ Interpretation of Zoning Ordinance
- ☐ Other { Please explain below }

Reason for application (*Attach additional sheets if necessary*):

(a) A VARIANCE of Chapter ____ Section ____ Subsection ____ of the Zoning Ordinance is requested to

(b) A SPECIAL EXCEPTION under the Zoning Ordinance is requested pursuant to the §____ Zoning Code to

(c) INTERPRETATION: I believe that under the Zoning Ordinance, the Town was in error in (circle one) denying/issuing a permit because:

(d) OTHER: I believe that under the Zoning Ordinance:

Area Variance Considerations (Please explain. Attach additional sheets if necessary):

1. The variance (circle one) would / would not produce an impact on adjacent properties or the neighborhood because:

2. The variance(s) sought (circle one) is / is not substantial because:

3. The benefit sought by Applicant (circle one) can / cannot be achieved by some alternative means because:

4. The variance(s) (circle one) would / would not cause an adverse effect on the environment because:

5. The difficulty (circle one) was / was not self-created because:

Use Variance Considerations (Please explain. Attach additional sheets if necessary):

1. The applicant (circle one) can / cannot realize a reasonable return for each of the permitted uses in the zoning district in which the subject property is located, provided that lack of return is substantial as demonstrated by the enclosed competent financial evidence:

2. The alleged hardship relating to the property (circle one) is / is not unique, and (circle one) does / does not apply to a substantial portion of the district or neighborhood:

3. The use variance, if granted, (circle one) would / would not alter the essential character of the neighborhood:

4. The alleged hardship (circle one) was / was not self created:

**OWNER'S ENDORSEMENT
(Individual)**

COUNTY OF SUFFOLK
STATE OF NEW YORK

_____ being duly sworn, deposes and says that I reside at _____
_____ in the County of _____ and State of _____
_____ and that I am the owner in fee of the premises described in the foregoing application approval as
described herein.

Signature

Print or Type Name

Sworn to before me this

_____ day of _____ 20 ____

Notary Public, _____ County

**OWNER'S ENDORSEMENT
(Business Entity)**

COUNTY OF SUFFOLK
STATE OF NEW YORK

_____ being duly sworn, deposes and says that I reside at _____
_____ in the County of _____ and State of _____
_____ and that I am the _____ of the _____ Corporation, which is the
owner in fee of the premises described in the foregoing application and that I have authorized by _____
_____ to make the foregoing application approval as described herein.

Signature

Print or Type Name

Sworn to before me this

_____ day of _____ 20 ____

Notary Public, _____ County

APPLICANT – REPRESENTATIVE AFFIDAVIT

STATE OF NEW YORK
COUNTY OF SUFFOLK

_____ being duly sworn, deposed and says I am the owner, representative for owner, applicant or representative for the applicant of the property above described. That all statements made in this application are true to the best of my knowledge and belief, except as to the matter therein stated to be alleged on information and belief and as to the matters I believe the same to be true.

Signature

Print or Type Name

Sworn to before me this

_____ day of _____ 20 ____

Notary Public, _____ County

READ THIS DOCUMENT CAREFULLY. YOU MAY CONSULT YOUR ATTORNEY BEFORE COMPLETING.

DISCLOSURE AFFIDAVIT

State of New York)

ss:

County of Suffolk)

I, _____ an applicant for the following relief:

and being duly sworn, deposes and says:

That I make and complete this affidavit under the penalty of perjury and swear to the truth thereof.

That I understand that this affidavit is required by Section 809 of the GENERAL MUNICIPAL LAW and that a knowing failure to provide true information is punishable as a misdemeanor. Being so warned, I state:

That _____, is a State Officer, is an officer or employee of Riverhead Town, and

That this person has an interest in the person, partnership, or association requesting the above stated relief.

That for the purpose of this section, an officer or employee shall be deemed to have an interest in the applicant where he, his spouse, or their brothers, sisters, parents, children, grandchildren, or the spouse of any of them

- (a) is an applicant,
- (b) is an officer, director, partner or employee of the applicant,
- (c) legally or beneficially owns or controls stock of a corporate applicant or is a member of a partnership or association, applicant, or
- (d) is a party to an agreement with such an applicant, express or implied, whereby he may receive any payment or other benefit, whether or not for services rendered dependent or contingent upon the favorable approval of such application, petition, or request.

That ownership of less than five (5) percent of the stock of a corporation whose stock is listed on the New York or American Stock Exchange shall not constitute an interest for the purpose of this section.

(SIGNATURE)

Sworn to before me this _____ day

of _____, 20

NOTARY PUBLIC

PROJECT I.D. NUMBER

SEQR

617.21

Appendix C

**State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
For UNLISTED ACTIONS Only**

PART I – Project Information (To be complete by Applicant or Project sponsor)

1. Applicant / Sponsor

2. Project Name

3. Project location: Municipality

County

4. Precise location (Street address and road intersections, prominent landmarks, etc. or provide map)

5. Is proposed action:

() NEW () EXPANSION () MODIFICATION / ALTERATION

6. Describe project briefly:

7. Amount of land affected:

Initially:

acres ;

Ultimately:

acres

8. Will proposed action comply with existing or other existing land use restrictions: () YES () NO If No, describe briefly:

9. What is present land use in vicinity of project: (describe):

() Residential () Industrial () Commercial () Agricultural () Park/Forest/Open Space () Other

10. Does action involve a permit approval or funding, now or ultimately from any other Governmental agency,(Federal, State or Local) ?

() YES () NO If Yes, list agency(s) and permit/approvals:

11. Does any aspect of the action have a currently valid permit or approval?

() YES () NO If Yes, list agency(s) and permit/approvals:

12. As a result of proposed action, will existing permit/approval require modification?

() YES () NO If Yes, list agency(s) and permit/approvals:

I certify that the information provided above is true to the best of my knowledge

Applicant / Sponsor Name: _____ Date: _____

Signature:

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment